

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CLUB FOR GROWTH ACTION			FEC IDENTIFICATION NUMBER ▼ C C00487470	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	
Full Name of Payee Club for Growth		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 2001 L St., NW, Ste. 600		Amount 279.46		
City Washington	State DC	Zip Code 20036	Transaction ID : SE.48294 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014	
Purpose of Expenditure mail production costs (from advance line 21)		Category/ Type		
Name of Federal Candidate ANN MCLANE KUSTER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		711543.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Jamestown Associates		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 5 Maple Road Ste. 300		Amount 10125.00		
City Princeton	State NJ	Zip Code 08540	Transaction ID : SE.48292 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014	
Purpose of Expenditure mail production costs		Category/ Type		
Name of Federal Candidate ANN MCLANE KUSTER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		697342.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		10404.46		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Chris Chocola		[Electronically Filed]		Date
Signature		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 23 / 2014</div> </div>		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE	2	OF	2
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) CLUB FOR GROWTH ACTION		FEC IDENTIFICATION NUMBER ▼ C C00487470	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Spectrum Marketing Companies		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 95 Eddy Road Suite 101		Amount 13921.56	
City Manchester	State NH	Zip Code 03102	Transaction ID : SE.48293
Purpose of Expenditure mail production costs, postage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014	
Name of Federal Candidate ANN MCLANE KUSTER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	13921.56
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	24326.02

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Chris Chocola

[Electronically Filed]

Date

MM / DD / YYYY
10 / 23 / 2014

Signature